

Fill in this Information to identify the case:

Debtor 1

Timothy James Parsons  
First Name      Middle Name      Last Name

Debtor 2

Denise Ann Parsons  
(Spouse, if filing) First Name      Middle Name      Last Name

United States Bankruptcy Court for the District of Montana

Case number: 3:20-BK-20163 20-10127



**Form 1340 (12/19)**

## APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

### 1. Claim Information

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: <u>3,771.02</u>	
Claimant's Name: <u>Timothy James &amp; Denise Ann Parsons</u>	
Claimant's Current Mailing Address, Telephone Number, and Email Address: <u>P.O. 981 Laurel, Montana 59044 manheimfan3a@gmail.com</u>	

### 2. Applicant Information

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

### 3. Supporting Documentation

- Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

#### 4. Notice to United States Attorney

Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
District of Montana  
2601 2<sup>nd</sup> Ave North  
Billings, MT 59101

#### 5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 3-9-23

Timothy D Parsons

Signature of Applicant

Printed Name of Applicant

Timothy James Parsons

Address:

P.O. Box 981

Laurel, Montana 59044

Telephone: (406) 672-7073

Email: manheimfan36@gmail.com

#### 6. Notarization

STATE OF Montana

COUNTY OF Yellowstone

This Application for Unclaimed Funds, dated

3/9/23 was subscribed and sworn to before me this 9<sup>th</sup> day of Mar, 2023 by

Timothy Parsons

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

	Notary Public RYLIE WINETEER NOTARIAL SEAL STATE OF MONTANA	<u>Rylie Wineteer</u>	<u>July 7, 2026</u>
--	---	-----------------------	---------------------

#### 5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 3-9-23

Denise A Parsons

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Denise Ann Parsons

Address: P.O. Box 981

Laurel, Montana 59044

Telephone: (406) 672-7073

Email: manheimfan36@gmail.com

#### 6. Notarization

STATE OF Montana

COUNTY OF Yellowstone

This Application for Unclaimed Funds, dated

3/9/23 was subscribed and sworn to before me this 9<sup>th</sup> day of Mar, 2023 by

Denise Parsons

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

	Notary Public RYLIE WINETEER NOTARIAL SEAL STATE OF MONTANA	<u>Denise Parsons</u>	<u>July 7, 2026</u>
--	---	-----------------------	---------------------